

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL

IAD073489288

INDUSTRIAL LAMINATES/NORPLEX  
SCOTT LOVEN  
665 LYBRAND ST  
POSTVILLE, IA 521620977



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1997 Hazardous Waste Report

FORM  
IC  
MAR - 2 1998

IDENTIFICATION AND  
CERTIFICATION

Instructions: Please see the detailed instructions beginning on page 7 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each section is provided below.

<b>Sec. I</b> Site name and location address. Check the box <input type="checkbox"/> in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.		
A. EPA ID No. Same as label <input checked="" type="checkbox"/> or →	B. County Same as label <input type="checkbox"/> or → <i>Allamakee</i>	
C. Site/company name Same as label <input checked="" type="checkbox"/> or →	D. Has the site name associated with this EPA ID changed since 1995? <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input checked="" type="checkbox"/> or →		
F. City, town, village Same as label <input checked="" type="checkbox"/> or →	G. State Same as label <input checked="" type="checkbox"/> or →	H. Zip Code Same as label <input checked="" type="checkbox"/> or →

<b>Sec. II</b> Mailing address of site. Instructions page 7.		
A. Is the mailing address the same as the location address? <input type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input checked="" type="checkbox"/> 2 No (CONTINUE TO BOX B)		
B. Number and street name of mailing address <i>P.O. Box 977</i>		
C. City, town, village	D. State	E. Zip Code

<b>Sec. III</b> Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7.			
A. Last Name <i>Loven</i>	First name <i>Scott</i>	M.I. <i>R.</i>	B. Title <i>HSAE Manager</i>
C. Telephone Number <i>319 864-7321</i>			Extension <i>4227</i>

<b>Sec. IV</b>	"I certify under penalty of law that this document and all attachments were prepared by a system designed to assure that qualified personnel properly gather and evaluate the information provided by the person or persons who manage the system, or those persons directly responsible for the collection of the information. I am aware that the Resource Conservation and Recovery Act of 1976, as amended, requires the submission of false information, including violations." Instructions page 8.
----------------	---



R00126667

RCRA RECORDS CENTER

A. Last Name <i>Gilbert</i>	First name <i>James W.</i>	M.I.	B. Title <i>Plant Manager</i>
C. Signature <i>James Gilbert</i>			D. Date of signature <i>12 26 98</i> Month Day Year

BRS data entered  
BY *TMI-Collect*  
ON *ENTD MAR 12 1998*

COPY

## Sec. V

**Generator status.** Instructions begin on page 8.

**A. 1997 RCRA generator status**

(CHECK ONE BOX BELOW)

1 LQG

2 SQG

**□ 3 CESQG**

☐ 4 Non-generator (CONTINUE TO BOX B)

**SKIP TO SEC. VI**

**B. Reason for not generating**

(CHECK ALL THAT APPLY)

☐ 1 Never generated

☐ 2 Out of business

☐ 3 Only excluded or delisted waste☐ 4 Only non-hazardous waste

☐ 5 Periodic or occasional generator

□ 6 Waste minimization activity

☐ 7 Other (SPECIFY IN COMMENTS BOX BELOW)

## Sec. VI

On-site waste management status. Instructions page 10.

**A. Storage subject to RCRA permitting requirements**

**B. Treatment, disposal, or recycling subject to RCRA permitting requirements**

Comments:



BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

IAD073489288

INDUSTRIAL LAMINATES/NORPLEX  
SCOTT LOVEN  
665 LYBRAND ST  
POSTVILLE, IA 521620977

U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1997 Hazardous Waste Report

FORM  
GMWASTE GENERATION  
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) <i>Ignitable liquid, mixture contains rags, acetone &amp; toluene from treater cleanup.</i>					
	B. EPA hazardous waste code (page 12) <i>D001 F003 F005</i>			C. State hazardous waste code (page 13)		
D. SIC code (page 13) <i>3083</i>	E. Origin code (page 13) <i>L</i>	F. Source code (page 14) <i>A 09</i>	G. Point of measurement (p. 14) <i>L</i>	H. Form code (page 14) <i>B 203</i>	I. RCRA-radioactive mixed (page 14) <i>40</i>	

Sec. II	A. Quantity generated in 1997 (page 15) <i>000003205.0</i>		B. UOM (page 15) <i>L</i>		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
	Density <i>0.000003205.0</i>		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16) <i>M</i>		Quantity treated, disposed, or recycled on site in 1997 (page 16)		On-site process system type (page 16) <i>M</i>	

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
	Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <i>040093945393</i>	C. System type shipped to (p. 17) <i>M 061</i>	D. Off-site availability code (page 17) <i>L</i>	E. Total quantity shipped in 1997 (page 17) <i>000000600.0</i>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <i>WID 990829475</i>	C. System type shipped to (p. 17) <i>M 061</i>	D. Off-site availability code (page 17) <i>L</i>	E. Total quantity shipped in 1997 (page 17) <i>000002605.0</i>	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)	

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

IAD073489288

INDUSTRIAL LAMINATES/NORPLEX  
SCOTT LOVEN  
665 LYBRAND ST  
POSTVILLE, IA 521620977

U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1997 Hazardous Waste Report

FORM  
GMWASTE GENERATION  
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

**Sec. I** A. Waste description (page 12) *Ignitable solvent mixture from process cleanup & distillation process. Contains resins, acetone*

B. EPA hazardous waste code (page 12) *0001 F003 F005*

C. State hazardous waste code (page 13)

D. SIC code (page 13) *3083*

E. Origin code (page 13) *4*  
System Type *M*

F. Source code (page 14) *A35*

G. Point of measurement (p. 14) *1*

H. Form code (page 14) *B203*

I. RCRA-radioactive mixed (page 14) ☒

**Sec. II** A. Quantity generated in 1997 (page 15) *000170910.0*

B. UOM (page 15) *4*  
Density *1.1*  
☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)  
☒ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)  
☐ 2 No (SKIP TO SEC. III)

## ON-SITE PROCESS SYSTEM 1

On-site process system type (page 16) *M1021*  
Quantity treated, disposed, or recycled on site in 1997 (page 16) *000011132.0*

## ON-SITE PROCESS SYSTEM 2

On-site process system type (page 16) *M1111111111111111*  
Quantity treated, disposed, or recycled on site in 1997 (page 16) *0000000000000000*

**Sec. III** A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)  
☐ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
Site 1	<i>040093945293</i>	<i>M1061</i>	<i>4</i>	<i>000036850.0</i>
Site 2	<i>WID0990829475</i>	<i>M1061</i>	<i>1</i>	<i>000134060.0</i>
Site 3		<i>M</i>		

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

IAD073489288

INDUSTRIAL LAMINATES/NORPLEX  
SCOTT LOVEN  
665 LYBRAND ST  
POSTVILLE, IA 521620977



## U.S. ENVIRONMENTAL PROTECTION AGENCY

1997 Hazardous Waste Report

FORM  
GMWASTE GENERATION  
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

**Sec. I** A. Waste description (page 12) *Ignitable solvent, resin, water mixture contains acetone & Toluene*

B. EPA hazardous waste code (page 12) *D001 F003 F005*

C. State hazardous waste code (page 13)

D. SIC code (page 13) *3083*

E. Origin code (page 13) *1*  
System Type *M*

F. Source code (page 14) *35*

G. Point of measurement (p. 14) *1*

H. Form code (page 14) *B 201*

I. RCRA-radioactive mixed (page 14) *✓*

**Sec. II** A. Quantity generated in 1997 (page 15)

*000031150.0*

B. UOM (page 15) *1*  
Density *1.1*  
☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)  
☒ 2 No (SKIP TO SEC. III)

## ON-SITE PROCESS SYSTEM 1

On-site process system type Quantity treated, disposed, or recycled on site in 1997 (page 16)

*M*

## ON-SITE PROCESS SYSTEM 2

On-site process system type Quantity treated, disposed, or recycled on site in 1997 (page 16)

*M*

**Sec. III** A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)  
☐ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1 B. EPA ID No. of facility waste was shipped to (page 17) *041D 093 945 293*  
C. System type shipped to (p. 17) *M 061*  
D. Off-site availability code (page 17) *1*  
E. Total quantity shipped in 1997 (page 17) *000008450.9*

Site 2 B. EPA ID No. of facility waste was shipped to (page 17) *W11D 990 829 475*  
C. System type shipped to (p. 17) *M 061*  
D. Off-site availability code (page 17) *1*  
E. Total quantity shipped in 1997 (page 17) *000012700.9*

Site 3 B. EPA ID No. of facility waste was shipped to (page 17) *1111111111*  
C. System type shipped to (p. 17) *M*  
D. Off-site availability code (page 17) *1*  
E. Total quantity shipped in 1997 (page 17) *1111111111*

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

IAD073489288

INDUSTRIAL LAMINATES/NORPLEX  
SCOTT LOVEN  
665 LYBRAND ST  
POSTVILLE, IA 521620977

U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1997 Hazardous Waste Report

FORM  
GMWASTE GENERATION  
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

**Sec. I** A. Waste description (page 12) *Ignitable solvent used for parts washer,  
Contains petroleum naphtha*

B. EPA hazardous waste code (page 12) *D039 D008  
D018 D040*

C. State hazardous waste code (page 13)

D. SIC code (page 13) *3083*

E. Origin code (page 13) *L*  
System Type *[M]*

F. Source code (page 14) *A09*

G. Point of measurement (p. 14) *L*

H. Form code (page 14) *B203*

I. RCRA-radioactive mixed (page 14) *2*

**Sec. II** A. Quantity generated in 1997 (page 15)  
*000000008.0*

B. UOM (page 15) *5*  
Density *7.00*  
☒ lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)  
☒ 2 No (SKIP TO SEC. III)

## ON-SITE PROCESS SYSTEM 1

On-site process system type (page 16) *[M]* Quantity treated, disposed, or recycled on site in 1997 (page 16) *[ ]*

## ON-SITE PROCESS SYSTEM 2

On-site process system type (page 16) *[M]* Quantity treated, disposed, or recycled on site in 1997 (page 16) *[ ]*

**Sec. III** A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)  
☐ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1 B. EPA ID No. of facility waste was shipped to (page 17) *WID 9180 896 641* C. System type shipped to (p. 17) *[M] 029* D. Off-site availability code (page 17) *[ ]* E. Total quantity shipped in 1997 (page 17) *000000008.0*

Site 2 B. EPA ID No. of facility waste was shipped to (page 17) *[ ]* C. System type shipped to (p. 17) *[M]* D. Off-site availability code (page 17) *[ ]* E. Total quantity shipped in 1997 (page 17) *[ ]*

Site 3 B. EPA ID No. of facility waste was shipped to (page 17) *[ ]* C. System type shipped to (p. 17) *[M]* D. Off-site availability code (page 17) *[ ]* E. Total quantity shipped in 1997 (page 17) *[ ]*

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

IAD073489288

INDUSTRIAL LAMINATES/NORPLEX  
SCOTT LOVEN  
665 LYBRAND ST  
POSTVILLE, IA 521620977

U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1997 Hazardous Waste Report

FORM  
GMWASTE GENERATION  
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A. Waste description (page 12) *Ignitable solvent mixture from contaminated ground water. Contains toluene & methanol*

B. EPA hazardous waste code (page 12) *D001 D007*  
*D008 F003 F005*

C. State hazardous waste code (page 13)

D. SIC code (page 13)

*3083*

E. Origin code (page 13)

*L*

System Type

*[M]*

F. Source code (page 14)

*A165*

G. Point of measurement (p. 14)

*3*

H. Form code (page 14)

*B101*

I. RCRA-radioactive mixed (page 14)

*2*

Sec. II A. Quantity generated in 1997 (page 15)

*000005717.0*

B. UOM (page 15)

*5*

Density

*8.00*☒ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)☒ 2 No (SKIP TO SEC. III)

## ON-SITE PROCESS SYSTEM 1

On-site process system type (page 16)

*[M]*

Quantity treated, disposed, or recycled on site in 1997 (page 16)

*[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]*

## ON-SITE PROCESS SYSTEM 2

On-site process system type (page 16)

*[M]*

Quantity treated, disposed, or recycled on site in 1997 (page 16)

*[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]*

Sec. III A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)

☐ 1 Yes (CONTINUE TO BOX B)☐ 2 No (FORM IS COMPLETE)

Site 1 B. EPA ID No. of facility waste was shipped to (page 17)

*0410 093 945 293*

C. System type shipped to (p. 17)

*[M] 041*

D. Off-site availability code (page 17)

*1*

E. Total quantity shipped in 1997 (page 17)

*[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] 5717.0*

Site 2 B. EPA ID No. of facility waste was shipped to (page 17)

*[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]*

C. System type shipped to (p. 17)

*[M]*

D. Off-site availability code (page 17)

*[ ]*

E. Total quantity shipped in 1997 (page 17)

*[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]*

Site 3 B. EPA ID No. of facility waste was shipped to (page 17)

*[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]*

C. System type shipped to (p. 17)

*[M]*

D. Off-site availability code (page 17)

*[ ]*

E. Total quantity shipped in 1997 (page 17)

*[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]*

Comments: